PTO/SB/01 (12-97)

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	Attorney Docket Numbe	r ZG173US				
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	KIA SILVERBROOK				
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number	/				
☑ Declaration ☐ Declaration	Filing Date					
Submitted OR Submitted after Initial	Group Art Unit					
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name					

As a below named inventor, I hereby declare that:									
My residence, post office	My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  PRINTHEAD CAPPING MECHANISM WITH ROTARY PLATEN ASSEMBLY									
the specification of which (Title of the Invention)  is attached hereto  OR									
was filed on (MM/DD/YYYY) as United States Application Number or PCT Internationa									
Application Number and was amended on (MM/DD/YYYY) (if applicable).  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
			0000	0000					
	ation numbers are listed on a								
	under 35 U.S.C. 119(e) of any	y United States provisional	application(s) lis	ted below.					
Application Number	(s) Filing Date	e (MM/DD/YYYY)	numbe supple	onal provisional application ers are listed on a emental priority data sheet SB/02B attached hereto.					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Docket No.: ZG173US

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DEC	CLA	RATIO	<u>N –</u>	<u>     U                               </u>	tilit	y or	Desig	<u>ın</u>	Pate	nt /	App	olicatio	on
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.	S. Par	ent Applicat Numl		PCT	Paren	it			ng Date		Pare	ent Patent I (if applicat	
As a named inv	entor I h	PCT internationa	e follow	ina rea	istered r	ractitioner							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact and Trademark Office connected therewith:  Customer Number  OR  Registered practitioner(s) name/registration number listed below						Place Cust Number Bai Label he	omer Code						
	Nam	10		1	Regis	stration mber			Nan				stration Imber
	Number												_
Additional :	egistere	d practitioner(s)	named o	on supp	lementa	l Registered	Practitioner	Info	rmation sh	eet PTO	/SB/020	C attached her	eto.
Direct all com	espond		Custon or Bar			2401	1	OR Correspondence address below					
Name	Kia S	Silverbrook											
Address	Silve	rbrook Res	earch	Pty l	_td							-	
Address	393	Darling Stre	eet										
City	Balm	nain					State	N	NSW <b>ZIP</b> 2041				
Country	Austi	tralia Telephone 61-2-98					-9818-6633 Fax 61-2-9555-7748				48		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of So	ole or f	First Invento	r:				A peti	tion	has been	filed fo	r this u	ınsigned inve	entor
Given Name (first and middle [if any])					Family Name or Surname								
KIA						SILVERBROOK							
Inventor's Signature		(N	Oct 09, Date 2003										
Residence: City Balmain State NSW				NSW	Country Austral			ralia		Citizenship	<del>                                     </del>		
Post Office Address 393 Darling Street													
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City		Balmain State NSW ZIP			ZIP	2041 country Australia				a			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto													